



P. O. Box 629, Hopatcong, New Jersey 07843

www.hopatcongsoccer.org

Please select which program(s) you are registering for:

PROGRAMS:

Winter Indoor Program: \$65.00 per player _____

Spring Recreation: \$75.00 per player _____

Fall Recreation: \$75.00 per player _____

Travel Team Registration _____ Age Level: _____ Team: _____

(Travel Team Registration Fees will be determined prior to season start)

Multi-player discount of \$5.00 off per player only for the Spring / Fall Recreation Seasons.

Discount does not apply to Winter Indoor or Travel Programs.

Please make check payable to Hopatcong Hawks Soccer Club (No Cash, Please)

REQUIRED EQUIPMENT:

Shin Guards, Cleats & Socks are mandatory soccer equipment required for every practice & game. Jeans are not considered proper soccer attire. Please bring Soccer Ball & Water/Sports Drink to every practice & game. (Pre-K – 6th grade, Size 4 ball and 7th grade and up, Size 5 ball). Use Sunblock as needed. **NO CHEWING GUM.** **Indoor Program Only:** You CAN NOT enter the gym with wet sneakers. A dry pair of sneakers is needed (you should bring a dry pair and a towel).

PLAYER INFORMATION

PLEASE PRINT CLEARLY

Player's Last Name: _____ Player's First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth ___/___/___ Age: _____ Gender: (Circle One): M F Current Grade _____

Number of Seasons Played: _____ Prior Season Team Color / Coach _____

Level Played (Circle all that apply) Recreation / Travel

Uniform Size: (Circle one) YXS YS YM YL AS AM AL AXL

PARENT/ GUARDIAN INFORMATION:

Parent Names: _____ Home number: (____) _____

Cell Number (____) _____ E-mail _____

Emergency Contact Name _____ Phone Number (____) _____

Relationship _____

MEDICAL INFORMATION

IS YOUR CHILD ALLERGIC TO:

	YES	NO		YES	NO
Latex	<input type="checkbox"/>	<input type="checkbox"/>	Bee Stings	<input type="checkbox"/>	<input type="checkbox"/>
Bug/Insect Bites	<input type="checkbox"/>	<input type="checkbox"/>	Peanuts	<input type="checkbox"/>	<input type="checkbox"/>
Milk	<input type="checkbox"/>	<input type="checkbox"/>	Eggs	<input type="checkbox"/>	<input type="checkbox"/>
Soy	<input type="checkbox"/>	<input type="checkbox"/>	Wheat	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Pollen	<input type="checkbox"/>	<input type="checkbox"/>
Ragweed	<input type="checkbox"/>	<input type="checkbox"/>			

Does your child need an Epi-Pen YES NO (Circle one)

Anything not listed here _____

DOES YOUR CHILD HAVE ASTHMA? YES NO (please circle)

If yes, does your child use an inhaler? YES NO (please circle)

If yes, Inhaler must be with the child on the field during practices & games

IS YOUR CHILD DIABETIC? YES NO (please circle)

Any other Medical Conditions (ie. Color Blindness, Post-Traumatic Stress, ADD, ADHD, Hearing Loss) please note here:

PARENT/ GUARDIAN WAIVER INFORMATION:

All primary insurance claims will be made to your insurance company (Hawks Soccer Club insurance is secondary insurance):

Name of Insurance Co. _____ Policy No. _____

I/We, do hereby give my approval for his/her participation in all Hopatcong Hawks Soccer Club (HHSC) activities and assume all risks and hazards incidental to such participation. I/We further do hereby waiver, release, absolve, indemnity and agree to otherwise hold harmless HHSC, its officers, board members, coaching staff, sponsors and other participants, whether the result of negligence or any other cause, except to the amount covered by medical or liability insurance. I/We recognize that HHSC is governed by a set of rules, regulations and/or by-laws, and agree to conduct our self in accordance there with and to exercise our influence where appropriate on those for whom we are responsible in order to encourage proper conduct and decorum. I/We do further understand that, from time-to-time, the HHSC may obtain images or photographs of our child participating in soccer or soccer-related activities. I/We do hereby consent to the reasonable use of any photograph/image by the HHSC in relation to its activities, including advertisements or the club's website. Refund policy is at the discretion of the club (HHSC) © The HHSC logo is copyright material. Any reproduction without consent is unlawful.

Print Name of Parent/ Legal Guardian

Date

Signature of Parent/ Legal Guardian

Do not write below. For Club Use Only.

Amount Paid _____ Check No. _____ Accepted by _____





VOLUNTEER REQUEST

The Hopatcong Hawks Soccer Club is a volunteer organization and we are always in need of volunteers. Please select any categories listed below for which you would like to volunteer:

_____ **COACHING** (List any licenses possessed) _____
(No experience is necessary to become a coach. We will provide guidance and training.)

_____ Head Coach

_____ Assistant Coach

Coaches Meetings are held the first Thursday of each month at 7:00pm at the Civic Center.
All coaches are **required** to attend these meetings.

_____ **DIVISION COORDINATOR**

_____ **FUNDRAISING**
(Helping / organizing or coordinating fundraising events for the club)

_____ **FIELD MAINTENANCE**
(Field lining, seeding of the fields etc)

_____ **CONCESSION STAND**
(Helping during Saturday recreation games or during Sunday Home Travel Games)
Please select best time to volunteer:

_____ Before child's game

_____ After child's game

_____ During child's game

_____ **TEAM MOTHER/FATHER**
(Making phone calls, sending emails or fulfilling requests from the coach)

NAME OF VOLUNTEER: _____

PLAYER NAME: _____

CONTACT INFORMATION: (PLEASE INDICATE BEST WAY TO CONTACT YOU)

CELL PHONE: _____ HOME PHONE: _____

EMAIL: _____